British Columbia's Annual Report on Early Childhood Development Activities – 2002/2003

A Commitment to Children

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Message from the Minister of State

I am pleased to present British Columbia's second Annual Report on Early Childhood Development Activities 2002/2003. This second Annual Report builds on the first Annual Report for 2001/2002 and the 2000/2001 baseline expenditure report released in May 2002.

The government of British Columbia recognizes the quality of care children receive in the early years is critical to their success in school and in life. In 2002/2003, government made progress in enhancing many early childhood development services for children aged birth to six years. Our commitment is to initiate and enhance programs that increase families' abilities to provide a safe, nurturing environment for their children in order to maximize their growth and development. The government also recognizes it is critical to ensure all services represent strategic investments that promote evidence-based outcomes for children. Research clearly shows ECD investments pay off in future benefits, through reduced need for more intensive interventions later on that are less effective and more costly.

In 2002/2003 some of our early childhood development successes included:

- Increasing focus on Aboriginal ECD programs, including the appointment of BC's first Aboriginal Infant Development Program Advisor and enhancing the availability of culturally appropriate Aboriginal ECD services;
- Providing approximately 600 children with autism spectrum disorder (ASD) with the newly introduced interim early intensive intervention (IEII) or previously established early intensive behavioural intervention services (EIBI);
- Increasing opportunities for Fetal Alcohol Syndrome Disorder (FASD) awareness and education by contributing to a cross-ministry plan to prevent the tragic consequences of FASD; and
- Providing a grant of $10 million for an ECD partnership with the United Way and Credit Union Central of British Columbia for the Success By 6 program.

As Minister of State for Early Childhood Development, and on behalf of my honourable colleagues with responsibilities for services to children, we will continue to strive to promote healthy children and responsible families living in safe, caring and inclusive communities.

Yours with kindest regards,

The Honourable Linda Reid
Minister of State for Early Childhood Development

Introduction

In September 2000, federal, provincial and territorial governments made a joint commitment to improve and expand early childhood development (ECD) programs and services to children 0 to 6 years of age. The Federal/Provincial/Territorial (FPT) Early Childhood Development Communiqué establishes the importance of ECD and proposes a vision for Canada's young children.

Under this agreement, the Government of Canada will be providing $291.5 million over five years to British Columbia beginning in 2001/2002 to expand and improve ECD programs and services in four priority action areas:

- Promote healthy pregnancy, birth and infancy
- Improve parenting and family supports
- Strengthen early childhood development, learning and care, and
- Strengthen community supports.

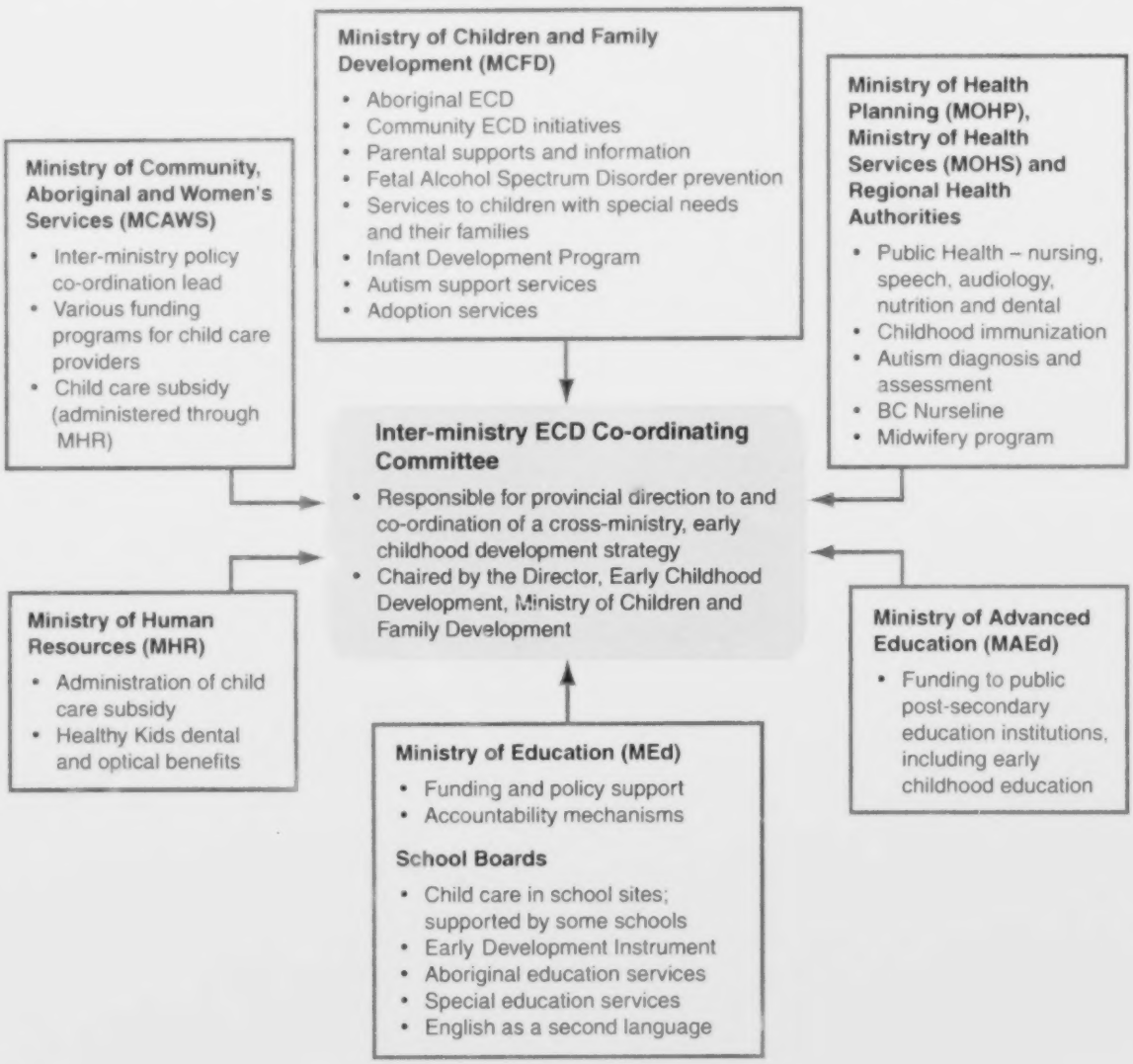
A key component of the agreement is public reporting. Governments have agreed to prepare individual public reports using a shared framework on the activities they have selected as priorities for investment. Governments began public reporting in 2000/2001 with a baseline report and released their first annual reports in 2001/2002. British Columbia's baseline and first annual report are available at the Ministry of Children and Family Development website at **www.cf.gov.bc.ca**

B.C.'s second annual report on ECD activities highlights the progress made and the work undertaken in 2002/2003 in support of children birth to age 6, their families and communities. The report is organized by the four priority action areas, highlighting programs and activities in the area of early childhood development.

In addition to our commitment to report on programs and services, British Columbia is also committed to report regularly on an agreed to set of indicators of child well-being. The province is preparing this information for 2002/2003 in a separate report titled *Indicators of Early Childhood Health and Wellbeing in British Columbia*. British Columbia will use existing mechanisms to track how our children are doing such as *Measuring Our Success* and Annual Reports, in addition to this overview.

Innovative, integrated and collaborative work among seven ministries in British Columbia is moving forward a cross-government strategy for children from birth to age six:

Inter-ministerial Co-ordination and Collaboration – Early Childhood Development


Ministry of Children and Family Development (MCFD)
• Aboriginal ECD
• Community ECD initiatives
• Parental supports and information
• Fetal Alcohol Spectrum Disorder prevention
• Services to children with special needs and their families
• Infant Development Program
• Autism support services
• Adoption services
Ministry of Community, Aboriginal and Women's Services (MCAWS)
• Inter-ministry policy co-ordination lead
• Various funding programs for child care providers
• Child care subsidy (administered through MHR)
Ministry of Health Planning (MOHP), Ministry of Health Services (MOHS) and Regional Health Authorities
• Public Health – nursing, speech, audiology, nutrition and dental
• Childhood immunization
• Autism diagnosis and assessment
• BC Nurseline
• Midwifery program
Inter-ministry ECD Co-ordinating Committee
• Responsible for provincial direction to and co-ordination of a cross-ministry, early childhood development strategy
• Chaired by the Director, Early Childhood Development, Ministry of Children and Family Development
Ministry of Human Resources (MHR)
• Administration of child care subsidy
• Healthy Kids dental and optical benefits
Ministry of Advanced Education (MAEd)
• Funding to public post-secondary education institutions, including early childhood education
Ministry of Education (MEd)
• Funding and policy support
• Accountability mechanisms
School Boards
• Child care in school sites; supported by some schools
• Early Development Instrument
• Aboriginal education services
• Special education services
• English as a second language

Major Activities and Accomplishments

In 2002/2002, all of the activities and accomplishments undertaken have built upon strategic leading edge research to promote sound policy development and quality service practice.

Key Action Area: Promote healthy pregnancy, birth and infancy

Prenatal, birth and infancy experiences have a profound effect on the health and well-being of infants and young children, and contribute to continuing good health. New evidence has significantly improved our knowledge and understanding of this developmental period (from conception to age six with a particular focus on conception to age three), about the policies and programs that can improve developmental outcomes for young children and the high costs of not intervening early.

Childhood Immunizations

In 2002, all infants and preschool children in British Columbia had access to immunizations to protect them from nine serious diseases: diptheria; tetanus; polio; pertussis; haemophilus influenzae type B; measles; mumps; rubella; and hepatitus B.

In 2002/2003, additional funding was allocated for vaccine purchase for populations at high risk for pneumococcal and/or meningococcal disease. For the pneumococcal vaccine, this population includes all infants and children 2 months to 5 years 9 months of age with certain health conditions (e.g. chronic renal disease, chronic liver disease, and diabetes) and all Aboriginal infants and children 2 months to 59 months of age. For the meningococcal C vaccine, the high risk population includes all those 2 months of age and older with certain health conditions such as particular immune system disorders and solid organ transplant recipients.

Investment 2002/2003: $3.96 Million

Key Action Area: Promote healthy pregnancy, birth and infancy

Fetal Alcohol Spectrum Disorder: Building Community Capacity and Supports

British Columbia is committed to developing an integrated, co-ordinated and sustainable response across all levels of government and involving the commitment of community stakeholders.

In 2002/2003, British Columbia made significant contributions towards building community capacity and supports in the area of FASD prevention and intervention. Incremental investment of $1 million supported the following initiatives:

Building Family and Community Capacity

- Jointly funded the co-location of the Crabtree and Sheway programs. These are highly successful outreach and supportive programs for high-risk women and their children living in the Downtown Eastside of Vancouver.
- Community-based workshops for service providers and parents/families who care for children, youth and adults affected by FASD.
- Regional FASD community events to enhance networking opportunities and collectively identify community services, needs, gaps, and best practices.

Skill Development for Service Providers

- Initial planning for a Medical Education Symposium in Burns Lake scheduled for September 2003.
- Community-based prevention training for service providers working with at-risk women.
- Development of an on-line course for service providers working with children, youth and adults affected by FASD.

Sharing Expertise and Information

- Participation in the Canada Northwest FASD Partnership, which includes the four western provinces and three territories.
- Webcast of the 3rd Annual FASD Research Forum which brought together leading FASD researchers from across Canada to Vancouver.

Investment 2002/2003: $0.99 Million

"We are pleased to be the founding partners with this government in the creation of the Early Childhood Development Legacy Program: FAS Education and Prevention Fund. This would not have happened without persistence, a spirit of partnership and willingness to build on previous successes."

– Brewers Association of Canada

Key Action Area: Promote healthy pregnancy, birth and infancy

Midwifery Services

Midwives in British Columbia offer primary care to healthy pregnant women and their typical newborn babies from early pregnancy, through labour and birth, and up to six weeks postpartum. The College of Midwives of B.C. has detailed standards of practice and guidelines for physician consultation and transfer of care. Individuals who wish to practice midwifery in B.C. must be registered with the College. Midwifery care is integrated into the full spectrum of obstetrics. Care is provided in community and client home-based settings, as well as in hospital settings.

The Midwifery Model of Care offers clients:

- Personal, individualized care that respects physical, emotional and cultural diversity.
- Informed choices in pregnancy and birth, including a choice of birthplace.
- Support and empowerment to discover one's body's own ability to give birth.
- Family-centred care that welcomes spouses, family members, and siblings in the childbearing process.
- An opportunity to build a strong and trusting relationship with a caregiver.
- Non-intervention care based on the most recent medical research available.
- Sensitive, continuous, one-to-one care during labour and delivery.
- In-home postpartum visits the first week after delivery.
- Consultation and collaboration with physicians should the need arise.

Investment 2002/2003: $1.53 Million

"There is incontrovertible evidence that investments in healthy child development during the early years – from birth to age 6 – are among the best that individuals, communities and governments can make. This report outlines some of the key investments currently being made to support healthy child development and points to areas and programs where more should be done. Success depends on other partners in government and outside, responding to this challenge, and I urge them to do so."

– Dr. Perry Kendall
Provincial Health Officer

Key Action Area: Promote healthy pregnancy, birth and infancy

Infant Development Program

The Infant Development Program provides home-based services for infants up to age three who are developmentally delayed or at risk of developmental delay, and their families. Infant Development Consultants assess client needs, provide consultation, counselling and group activities with the children and families, and make referrals to relevant community professionals and agencies.

In 2002/2003, annualized investments in program enhancements were maintained.

Aboriginal Infant Development Programs

In June 2002, the Ministry of Children and Family Development signed a three-year contract with the B.C. Aboriginal Child Care Society (ACCS) to be the sponsoring agency and oversee the Office of the Aboriginal Infant Development Advisor. Year one included province-wide recruitment for a provincial advisor, culturally appropriate regional in-service training, provision of technical advice and support and the development of workplans for the implementation of the office. The position was developed in close consultation with the community, and provides expertise on cultural appropriate support to both Aboriginal and non-Aboriginal IDP programs. A number of new urban based Aboriginal IDP programs were started in 2002-2003 using funds from the Aboriginal ECD initiative.

Investment 2002/2003 (IDP and Aboriginal IDP): $3.05 Million

"Infant Development Programs and Aboriginal Infant Development Programs serve many of the most vulnerable children and their families in B.C."

– Dana Brynelson, Infant Development Program Advisor

Key Action Area: Strengthen Early Childhood Development, Learning and Care

Early childhood experiences affect us throughout our lives. While the family environment is primary, more and more children spend a significant amount of time in care settings outside the home. Quality child care experiences are critical to supporting children, families and a productive society. A central part of the lives of many children and families, quality child care is a cornerstone of early childhood development. It supports all facets of children's healthy development resulting in increased school readiness, higher school performance, increased high school graduation and employment. B.C.'s fiscal and social well-being depends on the ability of its citizens, now and in the future, to function well.

Child Care

- The Government of British Columbia remains committed to achieving its New Era commitments to:
    - increase child care choices for parents by encouraging expansion of safe, affordable child care spaces, and
    - target child care funding to help parents who need it most.
- On April 1, 2003, the Infant Toddler Incentive Grant, Compensation Contribution Program and Out-of-School Transition Funding Program[1] were streamlined into one program, the Child Care Operating Funding Program. This program extends funding to 1,400 providers who were not eligible before, including 800 licensed family providers and increases the number of child care spaces eligible for operating funding from 45,000 to 70,000.
- Two child care capital grants (Facilities and Equipment Grant, and Emergency Repair, Replacement and Relocation Grant) were streamlined into one Child Care Capital Funding Program. From June 2001 to March 31, 2003, capital funding helped create more than 1,000 new child care spaces and retain another 1,000 spaces.
- Child Care Resource and Referral centres provide support to over 55,000 parents and 6,700 providers in 170 communities.
- Key child care programs were consolidated under one ministry, the Ministry of Community, Aboriginal and Women's Services (MCAWS), including:
    - Early Childhood Educator's Registry (15,000 qualified registrants)
    - Child Care Subsidy (33,000 children from low income families)
- The new child care programs establish a foundation for the future that is based on sustainable, equitable and predictable funding.

Investment 2002/2003: $5.41 Million

[1] Replaced the Funding Assistance Program in June 2002.

Autism Spectrum Disorder (ASD)

British Columbia recognizes Autism Spectrum Disorder (ASD) requires an integrated and co-ordinated response across government. An Inter-Ministry Autism Co-ordinating Committee representing four child-serving ministries continues to facilitate co-ordinated service planning and implementation for children with ASD.

ASD Assessment and Diagnosis

In 2002, the Ministry of Health Planning developed standards and guidelines for the diagnosis of ASD in young children.

- The Ministry of Health Services continues to be responsible for diagnosis and assessment, through the Provincial Health Services Authority (PHSA).
- In 2003, PHSA established a B.C. Autism Assessment Network that will be instrumental in delivering assessment services for children across B.C.

Early Intensive Intervention Services

Early Intensive Behavioural Intervention (EIBI)

The Ministry of Children and Family continues to provide Early Intensive Behavioural Intervention (EIBI) contracted services for children under six diagnosed with ASD. Three agencies deliver EIBI services to 75 children in eight B.C. communities: Greater Victoria, Surrey, Delta, Langley, Kelowna, Penticton, Vernon and Kamloops. Services include:

- Intensive one-to-one therapy and support services for 20 hours per week, according to best practices.
- Assistance for each family to gain the skills they require to support their child.
- Ensures each child in the program is able to integrate into its community.
- Individualized behavioural intervention plans address transition planning to school for children 4.5 years and older.

Interim Early Intensive Intervention Funding (IEII)

In 2002, the Interim Early Intensive Intervention (IEII) program was introduced. The program provides families with direct funding of up to $20,000/year to assist with the purchase of specialized ASD treatment and intervention services, based on best practice guidelines, for children aged five years and under who are diagnosed with ASD. Direct funding enables parents to choose qualified behavioural consultants, behavioral interventionists and other therapists (OT/PT/SLP) that best suit their child's needs. The School Transition Year (STY) program was merged into IEII program, allowing families who previously received STY to receive a larger amount of funding than if STY had remained a separate program. IEII serves approximately 500 children and their families.

Investment 2002/2003: $15.75 Million

Key Action Area: Strengthen Early Childhood Development, Learning and Care

> ***"At the time of diagnosis, we were told that our autistic son may never speak. After two years of IEII, he is not only speaking (and singing) but has become a social butterfly in his grade one class. He delights us each and every day with his accomplishments – all of which are possible because of the IEII."***
>
> ***– a parent***

Scenario:

Angela was diagnosed with Autism Spectrum Disorder (ASD) at age 3. At that time she was using just single words to communicate, seemed inattentive and distractible, and was emotionally detached from her family. Angela was unable to feed herself or use the toilet, and reacted aggressively to any efforts to teach these independent skills. The family used Interim Early Intervention for Children with ASD funding to purchase individualized intervention services for Angela. A speech language pathologist worked closely with a behavioural interventionist to address communication, social and self help skills. Now age four, Angela has made significant gains in expressive language, and self help skills. She is participating in a pre-school program and showing increasing interest in her peers. Her parents are optimistic that she will be ready for kindergarten in the fall.

Additional investment in this priority area for 2002/2003:

Supported Child Care (SCC) **$1.53 Million**

Supported Child Care helps families of children with special needs to find appropriate child care settings and provides consultation and training. Where necessary, the SCC program provides funding for additional staffing so children with special needs may participate fully in inclusive child care settings.

In 2002/2003, funding was provided to establish the position of *Provincial Child Development Advisor*, to assist with the refocus of the SCC program to a child and family development model, incorporating an Aboriginal and multicultural perspective.

> ***"Supported Child Care has been there to guide us from the start until we were back on our feet – it has always been there – sometimes when there were not a lot of other extra supports around."***
>
> ***– a parent***

Key Action Area: Improve parenting and family supports

Families and parents have the primary responsibility for the care of their children. However, no matter how well prepared they are, all parents need and benefit from support, whether from their families, communities or governments.

Parenting and family supports include opportunities for parents to acquire the knowledge, skills, and attitudes to foster and nurture the healthy development of their children. Such supports also include community and social resources to assist parents and caregivers.

BC NurseLine/BC Health Guide

The BC NurseLine is a confidential, toll-free 24 hour a day, 7 days a week nursing triage and health education service and a key component of the BC HealthGuide Program. Operational since 2001, the BC NurseLine provides high quality health information, advice and referral information on services to help B.C. citizens manage their personal health matters and access health services appropriate to their needs. Approximately 30% of calls to the BC NurseLine are from parents of young children aged 0-6.

Investment 2002/2003: $1.73 Million

Additional investment in this priority area for 2002/2003:

Assisted/Post Adoption Services **$3.45 Million**

The Assisted/Post Adoption Services program provides services to help meet the extraordinary costs associated with children with special needs including:

- medical supplies and equipment
- dental and orthodontic expenses
- transportation
- remedial education
- counselling
- speech/hearing therapies, and
- special needs day care.

Families may also receive specialized training, respite care, homemaker services and maintenance payments.

Incremental investments in 2002/2003 provided services to support the increase in the number of children with special needs placed for adoption, from 243 in 2001/2002 to 328 in 2002/2003.

Key Action Area: Improve parenting and family supports

Child and Family Focussed Support Services — $3.84 Million

This area covers a wide range of support services to children and families to enhance community-based parenting supports, provide rest and relief, and support to children with special health care and developmental needs. Services include:

- Child and youth care workers
- Homemaker/home support for children with special needs
- Nursing Support Services
- Parent support for families of children with special needs
- Protective family support programs
- Respite services for families with children with special needs
- Professional support for children with special needs

In 2002/2003, the province made additional investments aimed at improving the quality of services provided to clients and ensuring the stability of resources.

Early Intervention Services — $1.98 Million

Early Intervention Therapy Services provide community-based occupational, physical therapy and speech-pathology services for pre-school children with identified delays or developmental disabilities. Services are provided through child development centres, agencies, Health Authorities and school districts to children in community settings or at home.

The B.C. Centre for Ability provided a report to government and recommendations on recruitment and retention for all three therapy groups. The report identified a 58 per cent vacancy rate for early intervention therapies owing to difficulty in recruiting paediatric therapists and retention challenges. The focus of work in the next fiscal year will be to address issues relating to recruitment and retention in the three therapy groups.

Toddlers' First Steps — Investment maintained

The second handbook in the Best Chance series of Parent Information Publications, Toddlers First Steps provides parents and caregivers of children six months to three years of age with information on how to maximize their child's healthy growth and development. In 2002/2003 Toddlers First Steps was distributed through B.C. by public health units.

Key Action Area: Strengthen community supports

Communities provide the basic infrastructure to support families and a context where shared values and expectations are developed. A community-based approach which builds on existing infrastructure (i.e. schools, recreational centres and cultural centres) and links across organizations and sectors (i.e. NGOs, private, public and voluntary/charitable sectors) is key to establishing the partnerships that are necessary to achieve success.

Community-based models ensure that developed responses become community-specific and result in greater flexibility. In turn, programs and services are more relevant, more responsive and the capacity for the community to manage its issues is increased.

Aboriginal Early Childhood Development (AECD)

The key focus of the Aboriginal ECD initiative is to promote family and building capacity in Aboriginal communities to deliver a wide range of services with emphasis on early childhood development programs. In 2002/2003, targeted funding for Aboriginal initiatives supported a range of ECD programs developed to meet the diverse needs of Aboriginal communities: home visitation, infant development, pregnancy outreach, support to at-risk parents/teens, teaching circles for parents and children, crisis intervention/counseling, family literacy, special needs, Mother Goose/HIPPY and Head Start programs.

Regional Services – In 2002/2003 – $6.73 million was allocated to support the development of over 37 Aboriginal ECD programs in urban and on-reserve communities in B.C. Funding was distributed to Aboriginal agencies through regional MCFD offices based on a socio-demographic model using nine Aboriginal indicators.

Unique features of community-based Aboriginal ECD programs included involvement of parents, elders, extended family and community in the planning, development, operation and program evaluation. In addition, increased emphasis focused on addressing the historical context of families with emphasis on restoring, reclaiming, and celebrating cultural ways within a prevention and early intervention context.

Evaluation – In 2002/2003 University of British Columbia researchers, Aboriginal community members and the Ministry of Children and Family Development developed an Aboriginal ECD reporting tool to assist to measuring program outcomes.

Training – Additional one-time funding was also provided to support regional and provincial training for service providers working in Aboriginal ECD programs, and a ECD Leadership Forum "Many Voices, Common Cause: A Report on the Aboriginal Leadership Forum on Early Childhood Development". The report is available at www.cc..abc.bc.ca or call toll free 1-877-361-1116. Additional one-time funding was also provided for other strategic initiatives, including training.

Investment 2002/2003: $6.87 Million

Key Action Area: Strengthen community supports

"Because children who are well cared for today will be healthier adults tomorrow, both in body and spirit, we need to continue building a philosophy that encompasses a holistic approach to the physical, mental, emotional, educational and spiritual development of all children."

– Al Lawrence, B.C. Aboriginal Child Care Society

Children First Learning Initiatives

The Children First Learning Initiative is a community partnership that brings together all sectors of the community to determine an integrated and comprehensive system for early childhood development for young children up to age six and their families.

In 2002/2003, the initiative was expanded throughout the province, establishing a learning initiative in every region of the province. Communities were selected for their demonstrated readiness and existing development infrastructure. There are 14 new communities involved, bringing the total number of initiatives to 17:

- Central Okanagan (Kelowna)
- Cranbrook
- Eastern Fraser Valley
- Grand Forks
- Kamloops
- Parksville/Qualicum
- Port Alberni and the West Coast
- Prince George
- Richmond
- Simon Fraser
- Smithers
- South Fraser
- South Okanagan (Penticton)
- Terrace
- Vancouver
- Victoria
- Whistler/Squamish/Pemberton

In 2002/2003 investment supported communities to:

- Establish an intersectoral community advisory structure, led by an implementation manager and the full range of inter-sectoral partners including: Health, MCFD, School District, Aboriginal community, parent association, ECD service providers, municipal government, child care sector, voluntary sector, business sector and other key community partners.
- Identify, collect and analyze multiple data including community mapping and an inventory of services.
- Establish shared vision, values and key priorities for ECD
- Develop an implementation plan/ECD action plan, which identifies the best use of financial and human resources to achieve an integrated and comprehensive ECD service delivery structure. Components include: training, screening and assessment, marketing, community awareness, and evaluation.

The community-based nature of each initiative is key – initiatives have developed in response to the unique characteristics, strengths and needs in each community.

Investment 2002/2003: $2.73 Million

Family Resource Programs

Family Resource Programs are a preventative, voluntary service open to all families, recognizing all families need ongoing community support to raise healthy children. Family Resource Programs build both family and community capacity by promoting the interconnectedness with and between families. Resource Programs also often act as the point of entry for parents into a community setting that can lead to ongoing referrals, identification of risk or support needs and a connection to the community in general.

Family Resource Programs are unique and responsive to their communities' needs. They all have the following principles in common:

- Promotion of wellness and parenthood
- Interdependence
- Preventative approach
- Importance of play

A key component of Family Resource Programs is the parent-child drop-in. The drop-in facilitates positive parent-child interaction, which in turn promotes attachment and improved parenting skills. Programs emphasize the importance of play-based learning, interdependence and the promotion of wellness. In addition to the interactive drop-in, most offer a range of activities, including:

- Parent education
- Public health information
- Well-baby clinics
- Community kitchens
- Toy library
- Clothing exchange
- Information/referrals
- Peer counselling
- Family literacy projects

In 2002/2003, funding was provided to 120 existing and new family resource programs to enhance direct services to families, to increase availability of parent-child drop-in activities and parent education.

Investment 2002/2003: $1.43 Million

"We have made significant progress in B.C. in raising awareness of the absolute importance of the early years of a child's life. The message is clear – the first years last forever. We now have to turn that awareness into a sustained commitment to the healthy development of all children in British Columbia. We can do no better as a province than to make that commitment."

– Carol Matusicky, PhD
Executive Director, B.C. Council for Families

Key Action Area: Strengthen community supports

Scenario:

A mother who has mental health issues and two young children, contacted Child Protection directly, fearing that she was at risk of harming her children. At a case planning meeting involving child protection, Family Resource Program (FRP) staff, and the mother, the mother agreed to participate in an intensive family support program known as "Families Can", which reaches out to isolated and at- risk families. The FRP worked with mental health, child protection and the family doctor to stablize the mother's mental health. The mother engaged fully in Families Can and mental health services; now that Families Can is over, the mother regularly comes to drop-ins at the Family Resource Program. The children have remained at home and the family is "doing great".

Building Blocks

Building Blocks refers to programs across the province that promote healthy child development, build parental capacity to care for their children, and strengthen community capacity to support child development. Key program components includes:

- Home visiting programs that provide in-home parenting support.
- Parent drop-in groups that provide parent/child interaction, education, support, resource and referral, etc..

In 2002/2003 an additional $0.8 M was allocated for new programs and enhancements to existing programs through the province. Funds have supported the expansion of home visiting services, development of toy lending libraries, and providing Mother Goose programs, Roots of Empathy Program, and other needed services.

Roots of Empathy

Roots of Empathy fosters the development of empathy in children with an education program for pre-kindergarten and elementary school children. In 2002/2003, funding expanded facilitator training across B.C. and developed an Aboriginal component.

In addition, grants totalling $1.3M were allocated in 2002/2003 to a variety of provincial and community-based projects across B.C., which compliment and reflect the spirit of the Building Blocks programs:

- Babies Best Chance Handbook and Toddlers First Steps Handbook for parents.
- Toy lending libraries established in various communities in the province.
- Mother Goose training across the province.
- Family Resource Programs across the province.
- Expansion of training of presenters for sexual abuse prevention among children.
- Peer mentoring and leadership among women in Vancouver downtown eastside with children (0 to 6).

Investment 2002/2003: $2.13 Million

Scenario:

Sarah was diagnosed with Down Syndrome at birth. Her parents had just emigrated and were socially isolated. They thought that Emily was fragile and that they shouldn't take her our of her crib unless she cried. Using their Building Blocks program, a local agency sent out a lay home visitor to support the family. The visitor immediately recognized that Emily was at risk for developmental delay and called the Infant Development Program. An infant development consultant began regular home visits when Emily was 2 months old. The consultant carefully showed Emily's parents how to stimulate and play with her, and introduced them to some other 'new' parents of children with special needs. Emily immediately began to make developmental gains. Her responsiveness surprised and delighted her parents. Now age one, Emily is babbling and smiling and reaching for objects. Her parents are loving and protective, and beginning to feel optimistic about the future.

Early Childhood Development Provincial Partnership – Success By 6®

The British Columbia Government through the Ministry of Children and Family Development (MCFD), Credit Union Central of British Columbia (CUCBC), and United Way of the Lower Mainland (UWLM) have formed a provincial partnership to advance early childhood development (ECD) in British Columbia. The government contributed a $10 million investment to the partnership in 2002/2003.

The goal of the partnership is to support and achieve a vision of a province of healthy children and responsible families living in safe, caring and inclusive communities. The Provincial Partnership has selected United Way of the Lower Mainland's Success By 6® initiative as a model through which it will support the development of community capacity around ECD throughout the province.

United Way of the Lower Mainland developed the Success By 6® initiative in the Lower Mainland five years ago to give children ages 0 – 6 the foundation they need to get a good start in life. The model is predicated on the belief that all sectors need to be involved and mobilized to support children's early years.

Goals of the partnership:

- To build, strengthen and sustain community capacity to support an integrated, comprehensive and accessible range of ECD services to children 0-6 and their families throughout B.C.
- To raise awareness of the importance of the early years and increase public support for ECD as a community priority.
- To mobilize and leverage volunteer and financial resources or other types of contributions that can be matched by the Success By 6® Partnership fund.

The province's $10 Million investment will be used by the United Way and savings and credit unions across B.C. to mobilize volunteer, financial or other types of contributions that can be matched by the Success By 6® Partnership fund. Funding will support community capacity building, and strategic investments in community ECD services (which may include early literacy, family development, parental education, outreach and research programs) all designed to improve health and learning outcomes for children.

In 2002/2003 the partners began to work together to develop guidelines for the provincial roll-out of the Success by 6® program.

Investment 2002/2003: $10 Million

Additional investment in this priority area for 2002/2003:

ECD Research Initiatives **$5.23 Million**

Human Early Learning Partnership (HELP)
Under its partnership with the Ministry of Children and Family Development, HELP continued its work in 2002/2003 assessing kindergarten children's 'readiness to learn' through the Early Development Instrument (EDI). The EDI is delivered through school districts across the province.

Through the use of community mapping techniques, a number of communities and school districts have been able to gain a greater understanding of neighbourhood differences in children's school readiness and patterns of vulnerabilities of children in five domains of the EDI:

- communication skills and general knowledge
- emotional maturity
- language and cognitive development
- physical health and well-being
- social competence.

This knowledge is helping decision makers and planners, both within and outside the community, to develop effective, community-based early child development programs and services for families and children. EDI outcomes will help establish a provincial baseline measure for children's readiness to learn.

In addition, to assist government in using leading edge research to promote policy development and best practices, there are a number of collaborative research projects planned or underway by HELP affiliates as part of the partnership. Projects range from biological to social sciences research, pilot projects, and core HELP research activities. Topics include early language development, fetal alcohol syndrome and its biological basis, postnatal screening, community-campus partnerships, and ECD mapping.

Further information about the activities of HELP is available at **www.earlylearning.ubc.ca**

Aboriginal Early Childhood Development Research Chairs
In 2002/2003,The Ministry of Children and Family Development invested $2.2 million to establish two Aboriginal ECD Research Innovation Chairs to support research into culturally appropriate services, and increase awareness of the importance of children's early years in Aboriginal communities and among Aboriginal leaders.

These funds were provided to the Leading Edge Endowment Fund as part of a cross-government commitment of $7.5 million to support six Regional Innovation Chairs. The Leading Edge Endowment Fund is an independent society and will administer the application and review process for these chairs. All Chairs will be established at a college, university college or institutes throughout the province. Cost-shared between the public and private sectors, each of the six chairs will receive a total

endowment of up to $1.25 million, with institutions responsible for securing non-provincial government contributions.

Footnote: In 2001/2002, the province created the Leading Edge Endowment Fund, which is focused on establishing 20 permanent B.C. Leadership Chairs at public post-secondary institutions in the fields of environmental, medical, social and technological research. One of the chairs will be in the field of Early Childhood Development, established with an investment of $2.5 Million (already reported in the 2001/2002 Annual Report).

Health-related Research

Research grants, under the Michael Smith Foundation, have been issued to post-graduate researchers whose projects have relevance to early childhood development.

> ***"Creating access to the conditions for healthy child development means supporting programs that strengthen families, neighbourhoods and care environments for all B.C. children 0-5. The province of British Columbia has taken a leading role in designing and implementing new programs designed to achieve this goal. I sincerely hope that all levels of government, community and philanthropic groups will follow this lead and expand upon these efforts in order that children in B.C. may better thrive."***
>
> ***– Dr. Clyde Hertzman***
> ***Director, Human Early Learning Partnership***

Minister of State for ECD Community Forums **$30,000**

Under the leadership of the Minister of State for Early Childhood Development, community-based forums on topics related to early childhood development are planned annually. The forum in 2002/2003 profiled the work of Mary Gordon and Roots of Empathy, Dr. Clyde Hertzman and the Early Development Instrument, Raffi and the importance of Aboriginal ECD.

ECD Community Initiatives **$3.78 Million**

In 2002/2003, MCFD provided regional funding to support strategic investments in early childhood development and community-capacity building and achieve service plan priorities. Funds supported both the development of new initiatives and enhancement to existing activities, which included community-based consultation, research, training and provision of services and supports.

A priority focus of the funding was to reduce the number of children in care, build capacity in communities and families to return children to their family home, and support families in the growth and development of healthy and safe children.

2002/2003 Program Expenditure Summary

Program	Ministry	Baseline 2000/01 (000s)	2002/03 (000s)	Increase (decrease) (000s)
Pregnancy, Birth and Infancy				
Childhood Immunization	MOHS	5,923	9,886	3,963
Fetal Alcohol Spectrum Disorder	MCFD	175	1,165	990
Infant Development Program	MCFD	6,877	9,926	3,049
Midwifery[1]	MOHS	3,064	4,595	1,531
Total		**16,039**	**25,572**	**9,533**
Early Childhood Development Learning and Care				
ASD - Autism Diagnosis & Assessment	MOHS	236	1,112	876
ASD - Early Intensive Intervention Services	MCFD		14,868	14,868
Child Care BC: Capital Expansion Program	MCAWS	327	3	(324)
Child Care BC: Funding Assistance Program	MCAWS	847	487	(360)
Child Care Resource & Referral	MCAWS	5,786	7,376	1,590
Child Care Subsidy	MCAWS/MHR	101,772	78,209	(23,563)
Compensation Contribution Program	MCAWS	14,551	17,419	2,868
Consultation for Complex Condition - Child	MOHS		110	110
Emergency Repair, Replacement & Relocation Grant	MCAWS	396	454	58
Facilities & Equipment Grant	MCAWS	826	811	(15)
Infant Toddler Incentive Grant	MCAWS	1,952	1,926	(26)
Supported Child Care	MCFD	19,877	21,410	1,533
Transition Funding - Out of School Care	MCAWS		1,617	1,617
Young Parent Program	MCAWS	149	153	4
Total		**146,719**	**145,955**	**(764)**

[1] MOHS - Midwifery program added to baseline.

2002/2003 Program Expenditure Summary

Program	Ministry	Baseline 2000/01 (000s)	2002/03 (000s)	Increase (decrease) (000s)
Parental and Family Supports				
Child and Youth Care Workers	MCFD	1,925	2,250	325
Homemaker / Home Support for Special Needs Children	MCFD	448	539	91
Nursing Support Services	MCFD	2,936	3,758	822
Parent Support - Families with Children with Special Needs	MCFD	1,386	1,483	97
Protective Family Support Programs	MCFD	10,693	12,872	2,179
Respite (non-special needs)	MCFD	1,636	1,347	(289)
Respite Services	MCFD	1,678	2,291	613
Adoption Support Services	MCFD	646	358	(288)
Assisted / Post Adoption Services	MCFD	1,511	4,959	3,448
At Home Program	MCFD	1,709	1,522	(187)
BC Nurseline / BC Health Guide	MOHS		1,730	1,730
Early Intervention Therapies	MCFD	19,161	21,145	1,984
Healthy Kids Dental & Optical Benefits	MHR	7,699	7,473	(226)
Homemaker / Home Support	MCFD	1,607	510	(1,097)
Nobody's Perfect Parenting Program (provincial contribution)	MOHS	469	469	0
Non-Protective Family Support	MCFD	6,142	4,945	(1,188)
Parent Information Publications	MOHS	285	151	(134)
Pregnancy Outreach Program	MOHS	2,397	2,397	0
Professional Support for Children with Special Needs	MCFD	365	393	28
Public Health Nursing / Speech, Audiology, Nutrition, Dental	MOHS	69,009	70,306	1,297
Vision First Check	MOHS	10	10	0
Total		**131,712**	**140,917**	**9,205**

2002/2003 Program Expenditure Summary

Program	Ministry	Baseline 2000/01 (000s)	2002/03 (000s)	Increase (decrease) (000s)
Community Supports				
Aboriginal - ECD	MCFD		6,873	6,873
Building Blocks	MCFD	2,166	4,298	2,132
ECD Community Forums	MCFD		30	30
ECD Community Initiatives	MCFD		3,780	3,780
ECD Provincial Partnership Fund	MCFD		10,000	10,000
ECD Research Initiatives	MCFD		5,225	5,225
Family Resource Programs	MCFD/MAEd		1,432	1,432
Learning Initiatives	MCFD	1,112	3,839	2,727
Total		**3,278**	**35,477**	**32,199**
Grand Total		**297,748**	**347,921**	**50,173**

MAEd = Ministry of Advanced Education
MCAWS = Ministry of Community, Aboriginal and Women's Services
MCFD = Ministry of Children and Family Development
MHR = Ministry of Human Resources
MOHS = Ministry of Health Services

Premier Gordon Campbell and Minister Linda Reid at the Early Childhood Development Forum in Vancouver, December 6 2002. From left: children's entertainer Raffi; UBC professor/researcher Dr. Clyde Hertzman; Mary Gordon, founder of the Roots of Empathy program; Premier Campbell; Dr Lisa Sarah Sterling, former Aboriginal Infant Development Program Advisor; Minister Reid.

BRITISH COLUMBIA

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